



Spokane County

Medical Society Library

Seattle, WA

Period of Performance: May 15, 2008 - August 15 2008

Go Local Proposal: Background, Demographics, and Special Assessment of Need

As Washington State's Cascade Mountain Range separates the state into wet and dry climates, it also represents many racial, ethnic, economic and cultural differences, as well as regional disparities in access to or adequate use of medical services, health education, and specifically, preventive services¹.

Rural population. One fourth of Washington's current population estimated at 6,395,798² lives east of the Cascade Range. Three of the State's five smallest counties Ferry (7,260), Columbia (4,064) and Garfield (2,397) are located in the Eastern Washington geographic region. Washington's second largest city, Spokane (201,600), considered a regional health center, is also located in Eastern Washington.

Socioeconomic Considerations. While mortality rates have improved dramatically in the last century, differences in life expectancy, as well as

¹ Washington State Department of Health. Social and Economic Determinants of Health. The Health of Washington State, 2007. ² U.S. Census Bureau, estimated 2006.

the quality of life, will always be prevalent in Eastern Washington State among populations with different levels of access to health care and health education (both geographic and economic). Lack of general education, income (socioeconomic position or SEP) and occupation also play significant roles in life expectancy. For example, impoverished, less educated adults are more likely to be overweight, eat fewer healthy foods, and engage in unhealthy activities such as smoking or excess drinking, than their counterparts with higher incomes and more education.

Age. Washington State's population in general, and Eastern Washington State in particular, is "aging", a factor that presents significant health care implications. In 1990 according to the U.S. Census, the median age in Washington State was 33. In 2005, the median age rose to 36. In 2006, about 11% of Washington's population was 65 years or older, with almost 10% aged 65-84.³ In Lincoln, Columbia and Garfield counties, rural counties with stagnant growth, the median age is 44 or older⁴. Eastern Washington State also has a significant younger population. Four counties, Franklin, Adams, Grant and Yakima, have young, large immigrant populations which have relocated from Mexico and Central America. Kittitas County has a small population with a large number of University Students.

Race and Origin. General health status is often a reflection of geographic diversity. In general, Asians and white, non-Hispanic Americans often enjoy better health and lower risk factors than those of Hispanic descent, African Americans, and Native Americans. Not just genetic or biological factors, but social, political, cultural and economic considerations can combine to quality of health and life expectancy. Washington State's population, in general, became more diverse from 1990-2006, including larger Hispanic (4%-9%) and Asian/Pacific Islander (4%-7%) populations. The white, non-Hispanic population decreased from 87% to 77% and the African American (3%) and American Indian and Alaskan Native populations (2%) remained relatively unchanged during that same period.

The American Indian/Alaskan Native populations (AI/AN) are more likely to live in poverty than any other racial or ethnic group in Washington State. Because disease is often associated with adverse consequences of poverty, limited access to health services, and cultural dislocation, AI/ANs

³ Washington State Office of Financial Management. Forecast of the State Population by Age and Sex: 1990-2030, November 2006. ⁴ Washington State Department of Health. Washington: The State and Its People. The Health of Washington, 2007.

in eastern Washington State (Colville Confederated Tribes, Spokane Tribe, Kalispel Tribe and Alaskan Natives) experience a disproportionately high mortality and morbidity rate compared to the general population. In a study conducted in 2002, AI/ANs had the lowest life expectancy (74) of other resident populations, had a disproportionately higher rate of type 2 diabetes (second only to African Americans), had a high injury-related mortality, and the highest birth rates among adolescents of all races.⁵ Additionally, AI/ANs generally live in lower socioeconomic settings, lack health insurance and have limited access to primary care services.

Health Networks. Washington State has developed networks of local health departments and districts (jurisdictions), hospitals, rural health clinics, and tribal, community, and migrant health centers. Eastern Washington State has nine health districts, including three multi-county districts: Northeast Tri-County (Stevens, Pend Oreille and Ferry counties); Chelan-Douglas, and Benton-Franklin. The largest local health jurisdiction in the region is the Spokane Regional Health District, which serves a population of more than 450,000. The smallest health districts, Lincoln, Columbia, and Garfield, serve less than 1% of the region's population.

Access to Health Care and Preventive Services. Based on data from the American Medical Association (AMA), Washington State's adjusted population to primary care staffing ratio for 2005 was approximately 1,492:1.⁶ The minimum federal standard for the ratio of population to primary care physicians is 3,000:1. According to the Office of Community and Rural Health, Washington State Department of Health, there are 56 federally designated Health Professional Shortage Areas (HPSAs) for primary care in the state⁷. Every county in the eastern Washington State geographic region, except Walla Walla and Klickitat counties has a federally-designated HPSA designation.⁸ With regards to physicians with specialties other than primary care who made up 53% of all physicians statewide in 2005, there are no minimum federal standards for assessing possible shortages. Further study will be needed to assess possible gaps in the supply and access to specialty care providers.

⁵ American Indian Health Commission for Washington State. Progress, Opportunities, & Challenges: The 2005-2007 American Indian Health Care Delivery Plan, July 2005. ⁶ Chen, F. M., Fordyce, M. A., & Hard, L. G. (2005). Seattle, WA: University of Washington, School of Medicine, Department of Family Medicine. WWAMI Center for Health Workforce Studies. ⁷ Primary Care Health Professional Shortage Areas By County, Table 2, May 13, 2008. ⁸ Federally Designated Health Professional Shortage Area Data (December 21, 2006), Office of Community and Rural Health, Washington State Department of Health.

Fortunately, about 98% of Washington State's residents live within 30 minutes of an acute care hospital. Sadly, as the overall population has increased, the number of available hospital beds has continued to significantly decline. There has also been a corresponding increase in emergency department visits.⁹

With regards to dental care, there has also been a shortage of dentists and dental hygienists in both rural and urban areas of the state. According to the Department of Health, Dentist-to-population ratios range from a low ratio in the counties of Chelan, Walla Walla, Columbia and Spokane (1 dentist to 948-158.33 population) to a very high ratio in Grant, Franklin, Ferry, Pend Oreille, and Lincoln counties (1 dentist to 2,794.75 population and above)¹⁰.

As the Washington State population ages, there has been a corresponding increase in demand for long-term and chronic care facilities and services. During the last ten years, there has been an overall decrease in the number of nursing homes, available nursing home beds and average daily residents; with a dramatic increase in the number of assisted living facilities and home care services. Washington State ranks high in its use of home and community residential care and low in its reliance on nursing homes.¹¹

Of all Washington State residents who have serious mental illnesses, less than half receive mental health care through state's mental health care system. Most residential care occurs in private facilities. Unfortunately, the number of available community inpatient mental health beds has declined by 18% since 2000.¹² Shortages of mental health professionals also exist throughout Washington, particularly in rural areas. Thirty-eight of Washington State's 39 counties have mental health shortage designations.¹³

⁹ The Henry Kaiser Family Foundation: State Health Facts. *Hospital Emergency Room Visits per 1,000 Population, 1999-2005*.

¹⁰ Dentist population ratios by county, 2006. Department of Health HSQA license registration data. ¹¹ Houser, A., Fox-George, W., & Gibson, M. J. (2006). *Across the States: Profiles of long-term care and independent living*. (State data and rankings supplement). Washington, DC: AARP Public Policy Institute. ¹² Washington State Hospital Association. (2007, January). *Issue Briefs: Inpatient Mental Health*.

¹³ Baldwin, L-M., Patanian, M. M., Larson, E. H., Lishner, D. M., Mauksch, L. B., Katon, W. J., et al. (2006). Modeling the mental health workforce in Washington State: Using state licensing data to examine provider supply in rural and urban areas. *The Journal of Rural Health*, 22(1), 50-58.

Funding from the Washington Health Care Authority's Community Health Services program as well as from private and community donors fund Washington's numerous safety net programs. These programs consist of community and free clinics, the federally certified Rural Health Clinics (RHCs), tribal clinics, residency clinics, volunteer physician and hospital programs such as Project Access, and migrant health centers. These organizations and facilities serve Medicare, Medicaid and the uninsured patient populations.¹⁴

In summary, Washington State faces present and future shortages in available health care facilities, and of many health care providers including physicians, nurses, physician's assistants, pharmacists, and providers of mental health and dental services.¹⁵ An American Medical Association study showing a projected shortfall of 886 family physicians for Washington State by the year 2020 is particularly worrisome.¹⁶ In the future, any growth in the number of health care facilities and providers will be severely outpaced by dramatically higher utilization rates from a steadily growing elderly population.